Art Therapy in Canada

David Edwards

Art therapy in Canada dates back to the mid-1940s, when Dr Martin A. Fischer (a Toronto based psychiatrist), Irene and Selwyn Dewdney and Marie Revai began using art in their work with psychiatric patients. This was at a time before psychiatric medication began to be widely used. According to Woolf,

> In 1944 Dr Fischer offered a very agitated patient an opportunity to express himself through art by providing the patient with pen and paper. He found over time that the unrestricted use of these materials had a very calming effect on the patient. This finding led Dr Fischer to continue to explore the use of art not only with psychiatric patients, but with patients in his private practice as well as with children and adolescents in residential treatment. Dr Fischer also encouraged his psychiatric residents to employ art with their patients in the hope that this form of therapy would gain wider acceptance in the mental health profession. (1996a: 21)

In 1968 Dr Fischer founded the Toronto Art Therapy Institute in order to train art therapists and for over a decade this was the only available training in Canada. In 1977 Dr Fischer was also instrumental in founding the Canadian Art Therapy Association (CATA).

During the 1950s, the Dewdney's, both of whom had a background in art and a keen interest in psychoanalysis, began working at the Westminster Hospital in London, Ontario. In 1952 Selwyn Dewdney was appointed psychiatric art therapist, the first art therapy post to be established in Canada by the Federal Government. In 1954 his wife Irene joined him in his work. In 1972 Irene began working at the London Psychiatric Hospital in Ontario, as well as at several other psychiatric settings (Dewdney, 1991). As Irene Dewdney's work developed she became increasingly involved in training students, an interest that led to the formation of the art therapy programme at the University of Western Ontario in the early 1980s.

During the 1950s, the fourth major pioneer of art therapy in Canada, Marie Revai, also began her work in Montreal as an artist and teacher with a special interest in the needs of underprivileged children and adults. Later, in 1957, Revai was employed to work with psychiatric patients in the occupational therapy department of the Alan Memorial

Hospital in Montreal. Marie Revai was to remain in Montreal for 19 years, during which time she nurtured a growing interest in art therapy in the Montreal community.

It was largely through the pioneering spirit of these early founders of the profession that art therapy in Canada first gained acceptance and later spread to other areas. British Columbia, for example, now supports three art therapy training programmes; the Kutenai Art Therapy Institute located in Nelson, the British Columbia School of Art Therapy in Victoria (Bradley, 1996) and the Vancouver Art Therapy Institute (Woolf, 1996b).

Art therapy in Canada has had to overcome considerable resistance and scepticism in order to establish itself sufficiently to compete with the medical establishment for public funding. However, in contrast to the situation in both the UK and USA, the profession lacks cohesion as it 'continues to attempt to resolve a long-standing split among art therapists which began with the profession's development' (Gilroy and Hanna, 1998: 253). Although this may, in part, be due to art therapy in Canada having, like the nation itself, developed along provincial lines, other factors have undoubtedly played a role. Of particular importance here has been the influence Dr Fischer exerted over the development of the profession until his death in 1992.

Dr Fischer and the Toronto Art Therapy Institute

The model of art therapy practice and training promoted by Dr Fischer at the Toronto Art Therapy Institute used images and objects in a manner similar to dreams in psychoanalysis, as the symbolic expression of unconscious thoughts and feelings (Fischer, 1973). The experiential methods of training Dr Fischer developed to support this model of art therapy were designed to help facilitate the spontaneous production of art. It was important, however, that the art therapist refrain from offering any interpretation of the art work since, in Fischer's view, 'this would contaminate the personal meaning each artwork has for its creator' (Gray, 1978: 492–493). The task of interpreting and attributing meaning to these artworks, be this for diagnostic or therapeutic purposes, was to be undertaken by Dr Fischer himself. In effect, art therapists were being trained to assume a subordinate role. As a consequence, 'Students felt inspired but ill-equipped to think critically about their roles as art therapists' (Stern, personal correspondence). Moreover, as Gilroy and Hanna comment,

> Student trainees at the Toronto Art Therapy Institute, with no art training, often worked side by side with highly skilled and gifted artists. This created an

> imbalance in the sensibility toward the art making process, and ambiguity regarding the identity of art therapists. Indeed, with students graduating from the programme with little formal art training, reinforcement was given to the position that anyone with training in psychology or psychiatry could also do art therapy. This significantly weakened the position of art therapists as unique professionals with a set of skills which set them apart from psychologists and other practicing psychotherapists and psychiatrists. In many ways this established a norm suggesting that art therapists were 'adjunct' therapists supporting the more firmly established and defined clinical skills of psychologists and psychiatrists. (1998: 254)

Thus, in addition to promoting his particular version of art therapy through his active involvement in the running of the Toronto Art Therapy Institute and, later, the Canadian Art Therapy Association, Dr Fischer was able to exert a controlling and conservative influence on the art therapy community in Canada (Gilroy and Hanna, 1998; Stern, 1997). Despite such criticisms, Fischer was a respected figure within the Canadian art therapy community and evidently did much to help promote art therapy across the country (Quinn, 1992; Seeley, 1992). Nevertheless, his authority and charisma also appear to have limited the extent to which Canadian art therapists have been able to establish an independent and self-directed identity for themselves. Such developments towards professional autonomy as have occurred within Canadian art therapy are largely due to increasing exposure to the influence of external developments in art therapy, especially those emanating from the USA, the establishing of alternative training courses offering different models of art therapy and the founding of provincial art therapy associations.

Art Therapy Training in Canada

Art therapy training in Canada, unlike that in the UK or USA, is based largely in private, post-secondary education institutions. The qualifications offered by these courses vary, but all are offered at post-baccalaureate level. There is also considerable variation in the nature and content of these training programmes (Woolf, 1996a). Despite these differences, art therapy training in Canada, as elsewhere in the world, consists of three main elements:

- Personal engagement with image making and psychotherapy aimed at enabling students to gain a personal understanding of the value of the art therapy process.

- Supervised practica (what, in the UK would be termed a clinical placement or fieldwork experience) through which students gain experience with a wide variety of client groups.
- Academic study.

Each element of this tripartite model of training is intended to help students develop both an experiential and theoretical appreciation of art therapy. In an attempt to maintain and improve standards the Canadian Art Therapy Association developed guidelines for the professional training of art therapists in 1995 (Simner, 1996a).

As noted above, it was largely due to the influence of Dr Fischer and, later, that of Selwyn and Irene Dewdney, that Ontario became the first centre for the training of art therapists in Canada. Indeed, following its founding in 1968, for many years the Toronto Art Therapy Institute provided the only art therapy training in Canada. The methods of training developed at the TATI were almost exclusively based on Dr Fischer's own beliefs and ideas (Fischer, 1973; Grossman, 1996). These emphasised the value of art as a mode of non-verbal, symbolic communication and as a means of externalising unconscious (repressed) thoughts, feelings and conflicts. The art therapy training developed at the Institute was primarily experiential, underpinned by Freudian theory. According to Grossman,

> From its inception the Institute has offered a concentrated approach to training with the goal of instructing therapists to become highly skilled and competent professionals able to work either as primary therapists or as an integral part of a multi-disciplinary team … As one means of achieving this goal, trainees must undergo in-depth self-exploration through personal psychotherapy. (1996: 33)

A background in art does not, however, appear to be regarded as a necessary prerequisite to becoming an art therapist, as is the case in both the UK and the USA. Moreover, the methods of teaching employed, particularly in the early life of the TATI, seemingly made little distinction between being Fischer's client and being a trainee, or between being a teacher and being a therapist. Nor were opportunities provided to critically examine alternative approaches to the practice of art therapy (Stern, 1997). One consequence of this blurring of boundaries was that Fischer became, for many Canadian art therapists, a somewhat idealised figure. As Stern comments, for many of his former students, 'Fischer was art therapy' (personal correspondence).

Over time, art therapy training in Canada extended beyond Toronto and its surrounding area. In 1982, Lois Woolf, a graduate of the Toronto Art Therapy Institute, established the Vancouver Art Therapy Institute (Woolf, 1996b) and in 1995, Monica Carpendale founded the Kutenai Art Therapy Institute in Nelson, British Colombia. Both the Kutenai Art Therapy Institute and the Vancouver Art Therapy Institute are modelled on Dr Fischer's method of training art therapists. Importantly, in recognition of the fact that art therapy in Canada has largely developed in the urban conurbations, the Kutenai Art Therapy Institute was founded, as Jacqueline Fehlner, the current President of the Canadian Art Therapy Association comments, 'specifically to train art therapists to work in rural communities and with First Nations People' (personal correspondence).

While Dr Fischer's influence on art therapy training in Canada has been extensive, alternative models of training have emerged. In 1978 Michael Edwards, an experienced art therapy educator from the UK, was invited to develop art therapy training at Concordia University in Montreal. As a result of the interest shown, Edwards returned to Concordia University the following year and helped establish a diploma programme in art therapy under the auspices of the Art Education Department. In 1982 the programme began to offer art therapy training at masters level and in 1984 the official degree MA in Art Therapy was established (Peterson et al., 1996). Significantly, the art therapy training offered at Concordia was based in the Art Education Faculty of a university, 'thus refreshingly highlighting an emphasis on the significance of art skills in the training of art therapists' (Gilroy and Hanna, 1998: 254). The Concordia University course also has the distinction of being the only Canadian art therapy training programme accredited by the American Art Therapy Association and many of its graduates subsequently register with AATA rather than the Canadian Art Therapy Association.

In 1983 the University of Western Ontario invited Linda Nicholas, a former student of Irene Dewdney, to run a course in art therapy. By 1987 enthusiasm for art therapy training in the London community had resulted in the establishing of a two-year, post-baccalaureate, diploma programme in art therapy (Simner, 1996b). In 1980, Kathleen Collis, a Canadian art therapist who had strong connections with art therapists in the USA, founded an art therapy training programme at the Victoria Mental Health Centre in British Columbia. Initially run on an informal and part-time basis, by 1984 it had become a formal, full-time programme run under the auspices of the Victoria Institute of Art Therapy (later re-named the British Columbia School of Art Therapy) (Bradley, 1996). Art therapy training programmes currently exist in three Canadian provinces and growing numbers of graduates are entering training on a yearly basis. The

Canadian Art Therapy Association Unlike art therapy in the UK and USA, where the BAAT and AATA have been instrumental in promoting and developing the profession, in Canada the influence of the Canadian Art Therapy Association (CATA), formed in 1977, has not been as extensive. Founded, and first presided over by Dr Fischer, the CATA has suffered from some of the same difficulties as the Toronto Art Therapy Institute previously discussed. Stern comments,

> Conflicts of interest, a questionable claim to democratic functioning and factions have long characterised the Association. Underlying these issues is the question of representation: Who represents the professional body, and what is represented as the profession (personal correspondence).

Similar concerns regarding CATA's failure to effectively represent the professional interests of all art therapists in Canada are raised by Gilroy and Hanna who argue,

> This association, guided by a psychiatrist, greatly impacted on the direction of the profession in Canada as appointments to the Executive Committee of the Canadian Art Therapy Association were usually by invitation, and in this way input into the affairs of the association remained within a small group of followers committed to the training norms developed by a psychiatrist. (1998: 255)

Since 1994 the Canadian Art Therapy Association has had open elections, but remains dependent on the commitment of its members to undertake aspects of its work that larger organisations are able to pay for.

As a reaction to this perceived lack of democratic representation, and in order to both address local concerns and promote the discipline at a provincial level, significant numbers of Canadian art therapists channelled their energy into founding provincial art therapy associations. In 1978 the British Columbia Art Therapy Association was founded, and the following year witnessed the founding of the Ontario Art Therapy Association. Two years later, in 1981, the Quebec Art Therapy Association was formed. Although these provincial associations have thrived, and now exist wherever art therapy training is offered in Canada, this fragmentation of the profession has weakened the position of the Canadian Art Therapy Association in its attempts to promote the profession and improve standards of training nationally. As previously noted, another consequence has been that many Canadian art therapists have sought professional

recognition by registering and seeking certification via the American Art Therapy Association and the Art Therapy Credentials Board.

Despite the foregoing difficulties, the Canadian Art Therapy Association continues to work towards resolving conflicts within the profession. Ongoing activities of the Association include the publication, since 1983, of a bi-annual journal, a newsletter and the convening of an annual conference.

Source: Davids, Edward, *Art Therapy*, SAGE Publications Inc., 2004, pp. 129-134.